## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-043229** 

DO NOT WRITE ON THIS STUB		AMENDED				egistration District No	92 Prin	nary Registratio	n District	No.30/	3Registrar's No.	240				
					1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before					
VS 300	000	}				a. COUNTY	CLAY				a. STATEMISSO	URI b. col	JACK	SON	admission)	
Rev. 4/59		2	Ιİ			b. CITY (If outside cor	rporate limits, give TOWN	SHIP only)	Length	af stay in 1b	c. CITY OR				Inside Limits	
	777				l _	TOWNNORTH	KANSAS CITY		5 I	Days	TOWN KANS	AS CITY			Yes No 🗆	
16004	Ιu	اد	ll			HOSPITAL OR	NOT in hospital, give loca		l	Inside Limits	d. STREET ADDRESS	(If c	utside, give k	ocation)	Reside on Farm	
23/15	2	ζ				изтітитіон ИО	. KANSAS CITY	HOSPIT	AL Y	res 💢 No 🗆		So. MON	TGALL		Yes □ No 💢	
2 4 2 FI	4	+	H	7	-3	NAME OF DECEASED	First		Middle		Lost	4. DATE	Month	Day	Year	
	4	ı				(Type or print)	HOWARD	BUD		CAIN		DEATH NO	v 12	1963		
4 0						. SEX	6. COLOR OR RACE	7. Married		er Married [	B. DATE OF BIRTH				IF UNDER 24 HR	
5 /						Male	White	Widowed		Divorced	3/10/1893	70	Mon		Hours Min.	
	ł						(Give kind of work done	10b. KÍNĎ OF	BUSINES	S OR INDUSTRY	11. BIRTHPLACE (C		country) 12.	CITIZEN OF V	VHAT COUNTRY	
6	2		i		Si	during most of working ritchman Retii	g life, even if retired)	Railro			1					
7 /	3					. FATHER'S NAME				MAIDEN NAME	<u> McCook. Ne</u>	Draska 14. NA	ME OF HUSBA	USA IND OR WIFE		
	5	Ì				OHN H. CAIN		MA	RGARE	T MONASI	<b>ИТТ</b> Н	TREN	E TAYLO	R CATN		
8 /	7				15	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16			17. INFORMANT	12.00.	Addres			
92 62 1	 		$  \  $		'n	ES, or unknown) (If	yes, give war or dates of	servi			IRENE T. C	AIN441 S	. Montga	all K.C	. Mo.	
	¥		$  \  $	ź	1	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line					<u> </u>	INI	ERVAL BETWEEN SET AND DEATH	
10 /	. ا د			Ž.		FAKI I.	IMMEDIATE CAUSE (a		سده	ii-				```	SEI AND DEATH	
11	5 5			3			IMMEDIATE CAUSE (8	<u> </u>							<del>.</del>	
	בין על על	!		8		Condition	ns, if any, ) DUE TO (I	1	sac	rie b	neumon	in (les	undono	mas) (	·WK	
120-0	ი   ნ					which ga	ave rise to			/	-					
13 2 -0	=  3	-	₩	-		stating t	the under- ause last. DUE TO (	1) Ban	سمہ	topen	ia 2924		_			
	5	ł	<b>\</b>	}	중	PART II.	OTHER SIGNIFICANT C		ONTRIBUT	ING TO DEATH	but not related to	the terminal	PART III. If		vas female was	
9	n	1	$  \  $		ICATION		disease condition given	in PAR) I (a)							cy in last 90 days.	
[3					FC	19. WAS AUTOPSY	20a. ACCIDENT SUICID	E HOMICIDE	1 204	DESCRIBE HOW	V INJURY OCCURRED.	/Eater -aterf				
NO.	5				CERTIF	PERFORMED? YES NO	D D		200	. DESCRIBE HOW	V INJURT OCCURRED.	(Enter hatore of	injury in PARI	:	or Hem 10.)	
_  3	֚֡֞֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֡֓֓֓֓֓֓֡֡֡֡֡					20c. TIME OF Hour	Month, Day, Year									
RIBBON	₹				WEDICAL	INJURY a.m.	Molilli, Day, real									
IBBC IN					₩.	20d. INJURY OCCURRE	D 20e PLACE	OF INJURY (e.	a in or a	about home. 2	Of. CITY, TOWN, OR	LOCATION	co	UNTY	STATE	
						WHILE AT WORK	☐ farm. 1	actory, street,			,,				•	
USE BLACK OR TYPEWRITER R	<	ן נ					- October	10-10	2/ >	Nim	- 12 1942 .	. her	N/c	2412 /	967.	
_ ₹ <u>_</u> [	ŭ	!				21. I attended the deceased from NOV-12, 1963, to NOV-12, 1963 and last saw her him alive on NOV-12, 1963.										
. ந   ≷	1	}	11			Death occurred at										
USE		[ ]		Ö		22a. SIGNATURE	(Deg	ree or title)	10. 1	0	22b. ADDRESS	-4 0	L		22c. DATE SIGNED	
F	ű	5		Ν		H.a	Oiles	m /		METERY OR CREA	405 6 19	3d. LOCATION (C	NRE	16, MO	11/13/65	
	C	5	$\sqcap$	<b>-</b>  ∆		BURIAL, CREMATION, REMOVAL (Specify)	1		•		1				(21016)	
	2	:		AFFIDA	_	URIAL FUNERAL DIRECTOR	11/15/1963	Fores	st Hi	11 Cemet	RECO. BY LOCAL RE	Kansas C:	<u>ity. Mis</u> Irar's signat	SSOUTÍ	<del>, /- ,</del>	
	17044			×			& SON KANSAS				13-63	Mas	21101	19	udaens	
	j-	-		"	i <u> </u>				_,		<del>,</del>	11/100	2		_4	

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

or by			<del></del>			, Student E	mbalmer No	
working under my pe	rsonal supervision		ī			$i \circ Q$	٠ - تا	
Student	nature of Student Emb	almor		Signed	<u> </u>	4081	Dand	
uig	Melore of Glodelli Ente	ame				Licensed Embal	Imer No. <u>U888</u>	
· · · · · · · · · · · · · · · · · · ·		•	А		•	P. O. Address	Kcay, MC	٥

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.